

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013844

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3795

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Arkansas COUNTY Union

c. CITY OR TOWN
Eldorado

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

933 So. Jackson

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

LONNIE

Middle

C.

Last
SMITH

4. DATE OF DEATH

Month
AprilDay
1Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/12/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Union Parish, La.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Newt Smith

13b. MOTHER'S MAIDEN NAME

Martha McKnight

14. NAME OF HUSBAND OR WIFE

Diamond

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or wars)

Yes

W.W. # 1

TY NO.

55

17. INFORMANT

Address

Diamond Smith, 933 So. Jackson.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF LARYNX

Eldorado, Arkansas.

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/27/63

to 4/1/63

and last saw her alive on 4/1/63

Death occurred at 5:00 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

4/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-4-63

23c. NAME OF CEMETERY OR CREMATORY

Canaan Cemetery

23d. LOCATION (City, town, or county)

Lockhart, Louisiana.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rumph Funeral Home, Eldorado, Arkansas.

25. DATE RECD. BY LOCAL REG.

APR 3 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hairy E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.